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Based on medical record review review, observation, and intervie failed to provide one resident (## environment free of restraints of reviewed. The findings included: Resident #84 was admitted on Ar with diagnoses including Cardio-with Pacemaker, Hypertension, a Observation and Interview with the January 6, 2013, at 4:00 p.m., in I room, revealed the resident's bed sides to the mattress, commonly mattress. Interview continued and	ourposes of not required to ptoms.		includes substantial compliance with a applicable standards and regulatory requirements. The facility works in cooperation with the State of Tennessed Department of Health toward the best interest of the	e
Resident #84 was admitted on Apwith diagnoses including Cardio-with Pacemaker, Hypertension, a Observation and Interview with the January 6, 2013, at 4:00 p.m., in I room, revealed the resident's bed sides to the mattress, commonly mattress. Interview continued an	v, facility policy w the facility		we provide. While this plan is not to be considered a admission of validity of any findings, it submitted in good faith as a required response to the survey conducted Januar 6—8, 2014. This Plan of Correction is	an isi
Observation and Interview with the January 6, 2013, at 4:00 p.m., in I room, revealed the resident's bed sides to the mattress, commonly mattress. Interview continued an	Vacculos Diagramia		facility's allegation of substantial compliance with Federal and State requirements.	
room, revealed the resident's bed sides to the mattress, commonly mattress. Interview continued an	and Spondylosis.		F221 RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS	a 3a 14
Stated the SCOOD Mattrace "make	the resident's I had elevated called a scoop d the resident	1 t	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	di
resident independently transferred wheelchair (w/c) and into the bath Intervals without calling for assista	ew revealed the diself to the	t	To address the situation involving the facility's failure to provide resident # 84 an environment free of restraints, the resident was assessed by the charge nurse	ì
Review of the Minimum Data Set (October 18, 2013, revealed the re- short or long term memory probler BIMS score (used to measure cog ATORY DIRECTOR'S OR PROVIDERSUPPLIER REP.	sident had no ms and a high initive abilities)	o W C	on 1/8/2014. Resident #84 and family were involved in the assessment process. Concave mattress was discontinued for esident #84.	1
dictional statement engine with a series of			may be excused from correcting providing it is determined in the findings stated above are disclosuble. The shows findings and place of the state of	(X6) DATE

vailable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation,

ORM CMS-2597(02-99) Previous Versions Obsolete Event ID:4KWQ11

Facility (D: TN4503

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F 221	Continued From pag	ie 1		How will you identif	fy other resid	lents	12 22 14
	of 14 out of a possib	le 15.	F 221	having the potential	to be affecte	d by	Madit
	ļ			the same deficient p	ractice?		
	Review of the plan o	f care dated October 23,		A21			}
	r 2013. Tovealed an ar	Officeth under the Assistance		All residents who hav	e concave ma	attresses	s
 	I YI CANY LIVING. CADI	IBUZO OD the secidents		will be assessed by De	ON/RN, and		ļ
ļ	of the complete plan	rize independence." Review of care revealed the use of		consents obtained for	residents requ	uiring	
	the scoop mattress v	vas not included.		the use of a concave n			
	Review of the facility	s policy Physical Restraint		What measures will	be put into p	lace on	İ
	TOWN TO VERSION [ACI	KV maintaine ee		wnat systemic change	es will be ma	ide to	
İ	Answer Charles Indian Anna Contraction	AIS Minimal HeA -4]	ensure that the defici	ent practice	does	
į	restraintsI he need.	for restraint use in	İ	not recur?		į	
1	assassan ou sumice!	OD of cogularity and a second		Licensed nursing staff	will be inser	viced	ľ
	THE PROPERTY OF A CHEE I	DION CONTARAM!-		by the DON/RN on 1/3	31/14 that pri	or to	
i	restraint."	equired to apply any type of		utilizing a concave ma	ttress an initi	al	1
j		!		restraint assessment an	id consent mi	ist be	
] [Interview with licensed	practical nurse (LPN) #4	ļ	obtained.		.50	
, ,	*** ****** / . ZU 14 [F	ITOO CONTARANA I	[i
1	aria bana Milli Coucill	TANK FOULDLY OF HEAD DELINION A	}	Audits will be complet	ed daily by ti	ne	
∫ į	isted reasons to rest	onfirmed none of the five ain a resident applied to	ļi	DON/RN by reviewing	telephone or	rders	
; •	COLOCIAL MOST TRANSPORTER	N AAANIAHAA A	ļ1	or concave mattresses	DON/RN vi	A11	
1 -7	מז מו וושטווא ווטאי לאייי	ID CHICCIDA STAFF (Laure 11 1 1 1	r	eview initial restraint a	assessments a	ınd	1
	ALLONDING DOM HOM D	어디 10 1876 스타리 1845 1855	ď	consents for all concave	e mattresses.		
; •	annount unassistad.	Dierview revealed #					
1 1	radicional is in our talli	Off State areases but	F	fow will the correctiv	e action be		
1 (1)	a nen trasiri Oriovico	12 Since admission #	n	nonitored to ensure tl	he deficient	1	[
, nr	nterview continued an	d verified the scoop	lb lb	ractice will not re-occ	cur. i.e., wha	it	j
, 1%	- PIODIN NOITI EXIIINA IN	an effort to prevent the	$[\mathbf{q}]$	uality assurance prog	gram will be	put	-
1	TOTALOW COUNTINED THE	SCOOD Mattrace had and it	ii	ito place?		_	Í
ļ b	een assessed as a re	straint,	1				
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110	iterview with LPN #4 c	on January 7, 2014, in the	ļC	OORDINATOR will r	eport finding	s of	[
100	where the room, at the	40 ft m. with consumer :	th	e audits to the interdis-	ciplinary PI	1	1
,	the certified purps a	CIIVE Drovided each dou	jec	mmittee monthly for	2 months, or 1	until	1

committee monthly for 2 months, or until

100% compliance is achieved.

2014-01-22 13:14 TN Dept of Health 8655945759 >> DEFARTMENT OF HEALTH AND HUMAN SERVICES 8654755236 P 5/14 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 01/21/2014 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 445275 8. WING NAME OF PROVIDER OR SUPPLIER 01/08/2014 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF JEFFERSON CITY 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX DAT

F 221

Continued From page 1 of 14 out of a possible 15.

Review of the plan of care dated October 23, 2013, revealed an approach under the Activities of Daily Living, "Capitalize on the resident's strengths and maximize independence." Review of the complete plan of care revealed the use of the scoop mattress was not included.

Review of the facility's policy Physical Restraint Use revealed, "...facility...maintains an environment that fosters minimal use of restraints...The need...for restraint use is assessed on admission, at regularly scheduled interdisciplinary care plan conference reviews...A physician's order is required to apply any type of restraint."

Interview with licensed practical nurse (LPN) #4 on January 7, 2014, in the conference room, at 3:10 p.m., with concurrent review of the Physical Restraint Use policy confirmed none of the five listed reasons to restrain a resident applied to resident #84. Interview continued and confirmed it was well known to the nursing staff the resident transferred self from bed to w/c and into the bathroom unassisted. Interview revealed, "... (resident) is in our falling stars program, but (resident) hasn't had a fall since admission." Interview continued and verified the scoop mattress was used in an effort to prevent the resident from exiting the bed independently. Interview confirmed the scoop mattress had not been assessed as a restraint.

Interview with LPN #4 on January 7, 2014, in the conference room, at 3:40 p.m., with concurrent review of the Care Directive provided each day for the certified nurse aides (CNAS), confirmed

The Performance Improvement committee 2/22/14 F 221 includes the Executive Director, Director of Nursing, Medical Director, Consultant Pharmacist, Director of Rehabilitation Services, Director of Health Information, Director of Social Services, Director of Food Services, Director of Maintenance, Staff Development Coordinator, Skilled MDS Coordinator, Director of Environmental Services, and other Interdisciplinary team members. The PI committee will review the results of these audits. If deemed necessary by the committee, additional education may be provided, and/or the process evaluated/revised.

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COMPLETION

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F 37' S\$=#	the Directive did not for transfers and toil and confirmed the signal of the resident to transfer to and from continued and confirmed assessed and doctor, or consented doctor, or conse	Include providing assistance eting. Interview continued coop mattress impeded the maintaining the highest ability in the bed. Interview med the scoop mattress had as a restraint, ordered by the to by the resident. DCURE, SERVE - SANITARY I sources approved or my by Federal, State or local stribute and serve food ons Is not met as evidenced in manufacturer's facility policy and interview, sure milk and nutritional posed of prior to the of two unit pantries.	F 371	F371 FOOD PROCURE, STORE/PREPARE/SERV SANITARY What Corrective Action(s accomplished for those resto have been affected by the practice? On 1/6/14 all milk products supplements in the pantry resunit one with expired dates where the unit one LPN charge. How will you identify other having the potential to be at the same deficient practice. All unit pantry refrigerators for expired milk products an supplements on 1/6/14 by the Dietary Manager. No others) will be sidents found ne deficient and nutritional frigerator on were discarded nurse. r residents affected by ? were checked d nutritional e Certified
	unit one on January 6, revealed;	2013, at 11:39 a.m.,			

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KM CM\$-2567(02-99) Previous Versions Obse	ciete Event ID:4KWQ11	Foci	Pharmacist, Director of Rehabilitation

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e e. c.	y. Based on observation nanufacturer's guideli nsure vaccinations w	is not met as evidenced i, interview and nes, the facility failed to ere discarded before of two medication storage	i C i F v	guidelines for medication and med error reporting. DON/ADON/SKILLED NOON/ADON/SKILLED NOON/ADON/SKILLED NOON/RN SINUSING STAFF WILL TO A CON/RN on 1/31/14 to day on the control of the c	MDS UPERVISORS viced by ate Tuberculin e (TB Skin test in 30 days and	

Observation of the medication storage room

Infection Control Nurse/RN Supervisor

will audit the medication storage

2014-01-22 13:15 TN Dept of Health 8655945759 >> 8654755236 P 9/14 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/21/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 445275 B. WING NAME OF PROVIDER OR SUPPLIER 01/08/2014 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF JEFFERSON CITY 336 WEST OLD ANDREW JOHNSON HWY JEFFERSON CITY, TN 37760 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) TAG (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) refrigerators daily for both expired or F 431 Continued From page 5 2132114 F 431 undated Tuberculin Purified Protein 11:25 a.m., revealed: Derivative (TB Skin test), and Influenza 1)One Tuberculin Purified Protein Derivative (TB Vaccine. skin test) 5ml (milliliters) vial in refrigerator door opened and not dated. How will the facility monitor and 2)One Influenza virus vaccine 5ml vial opened ensure the deficiency is corrected and undated with three quarters of solution remaining. will not re-occur? Review of facility's policy titled Medication Storage and Security in the Facility revealed, DON/ADON/SKILLED MDS "...Medications and biological are stored safely, COORDINATOR will report findings of securely, and properly following manufacturer's the audits to the interdisciplinary PI recommendations..." committee for 60 days or until 100% compliance is achieved. Review of Tuberculln skin test manufacturer storage instructions revealed, "... Vials in use more than 30 days should be discarded due to The Performance Improvement committee possible oxidation and degradation which may includes the Executive Director, Director affect potency..." of Nursing, Medical Director, Consultant Pharmacist, Director of Rehabilitation Review of the influenza manufacturer's storage Services, Director of Health Information, instructions revealed "...Once entered, a multi-Director of Social Services, Director of dose vial, and any residual contents, should be Food Services, Director of Maintenance, discarded after 28 days..." Staff Development Coordinator, Skilled Interview on unit one in medication storage room MDS Coordinator, Director of with License Practical Nurse #2 on January 6, Environmental Services, and other 2014, at 11:25 a.m. confirmed theTB skin test vial Interdisciplinary team members. The PI was undated and opened. Continued interview committee will review the results of these confirmed the influenza vaccine vial was opened audits. If deemed necessary by the and undated. committee, additional education may be provided, and/or the process

evaluated/revised.